

S. No. 2  
-1-4-41  
5-17-39  
P-I X26320

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Miss J. J. G. G. G.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Death 5:30 PM  
25517  
State File No.

Registrar's No.

Registration District No. 263-523

Primary Registration District No. 3269

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Parson Creek- Rural Linn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 37 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Ann Shoup

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife H. Thomas Billings 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased Sept. 25, 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 5 hr. min.

9. Birthplace Pike County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Thomas Billings  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Sarah  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Lucille Shoup  
(b) Address Meadville Mo.  
17. (a) Burial (b) Date thereof July 1, 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Meadville, Mo.

18. (a) Signature of funeral director M. G. Sharnes  
(b) Address Laclede, Mo.  
19. (a) May 1 (b) 41 (c) E. A. Blair (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 058  
(c) City or town Rural Meadville Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 10 1941 to June 29 1941  
that I last saw her alive on June 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocardial Regen - Duration Unknown

Due to 938  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (2) Means of injury  
23. Signature A. Lane Evans (M. D. or other) D  
Address Crossfield Mo. Date signed 6-30-41

(Licensed Embalmer's Statement on Reverse Side)

Aug 20 1941

AUG 6 1941

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me  
W.G.Thorne, Laclede, Mo., Registered Apprentice No. 2876  
working under my personal supervision.

Signed W.G.Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**